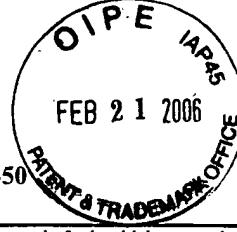


PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail**

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22850 7590 11/22/2005

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CUSTOMER NUMBER

22850

02/22/2006 MBEYENE2 00000045 10721465

01 FC:1501 1400.00 OP

02 FEE:1501 APPLICATION NO. FILING DATE UP

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

10/721,465

11/26/2003

Sei Kojima

245791US3

8114

TITLE OF INVENTION: CONTROL APPARATUS AND METHOD FOR AUTOMATIC TRANSMISSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/22/2006
EXAMINER		ART UNIT	CLASS-SUBCLASS		
PANG, ROGER L		3681	477-174000		

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 OBLON, SPIVAK,
 2 McCLELLAND, MAIER
 3 & NEUSTADT, P.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

TOYOTA JIDOSHA KABUSHIKI KAISHA

Toyota-shi, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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Authorized Signature

Joseph Scafetta Jr.
Joseph Scafetta, Jr.

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Date FEB 21 2006
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